

Name
in
Full

William Allsop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month June	Day 27 th	Years	Months 5-	Days
Sex Male	Color or Race bol.	Occupation			
Married, Single or Widowed					
Name of Wife or Husband	36				
Father's Name	William Allsop	Father's Birthplace	Annapolis		
Mother's Maiden Name	Adeline Blay	Mother's Birthplace	Annapolis		
Name of person giving Information	Adeline Blay	How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Syphilis

How long

Since birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

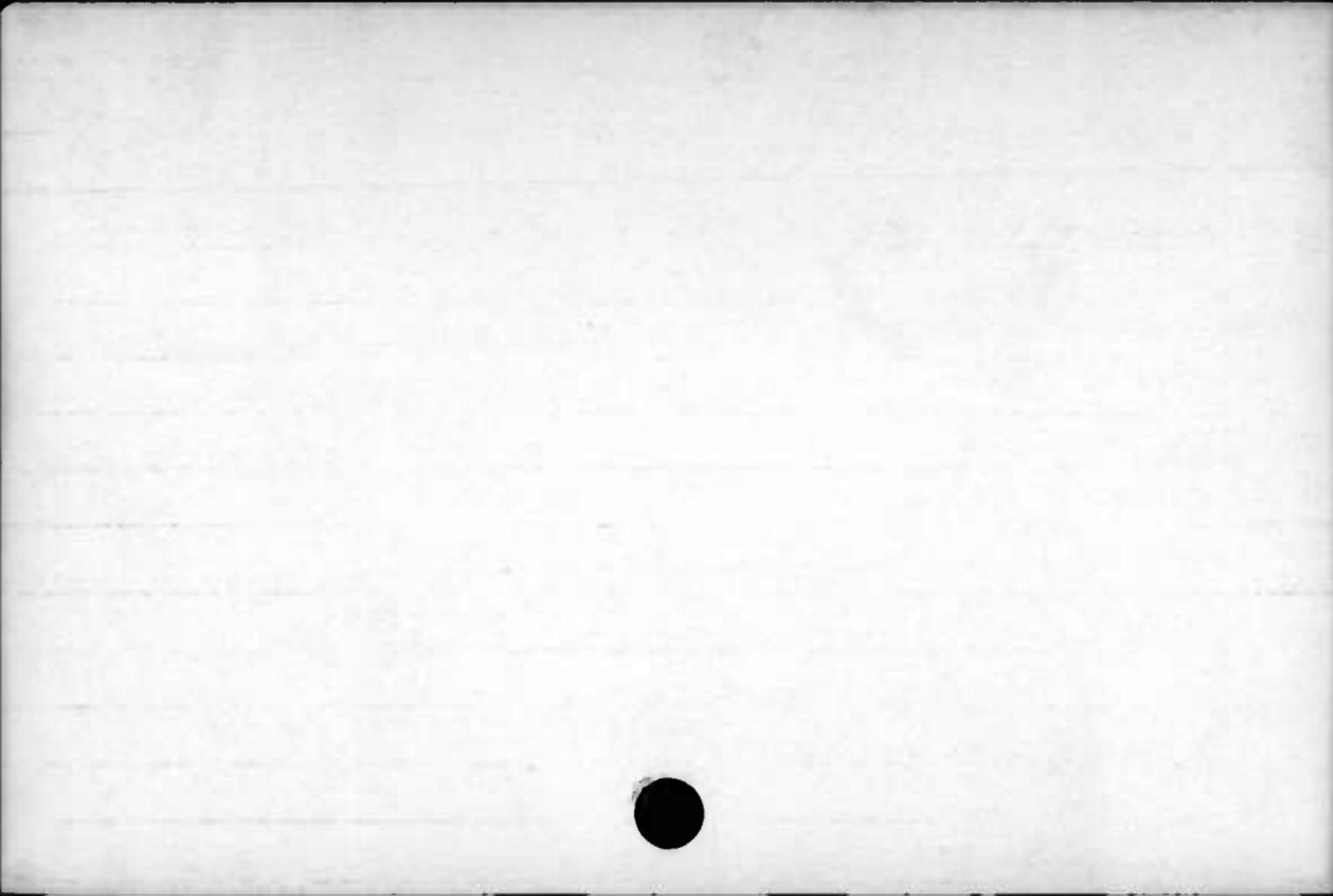
Signature of Physician

John Ridout M.D.

Address

Annapolis
Md

Accident or Suicide?



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

June 17

Age 78 - -

Md

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband
of

Wife

Father's
Name

Frank Handell

Mother's
Maiden Name

Ayn McKenzie

Cause of

Primary

Cancer of Mouth

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo. T. Dent M.D.

Address

Clarendon, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John D.

Name
in
Full

Rachel Catherine Basil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

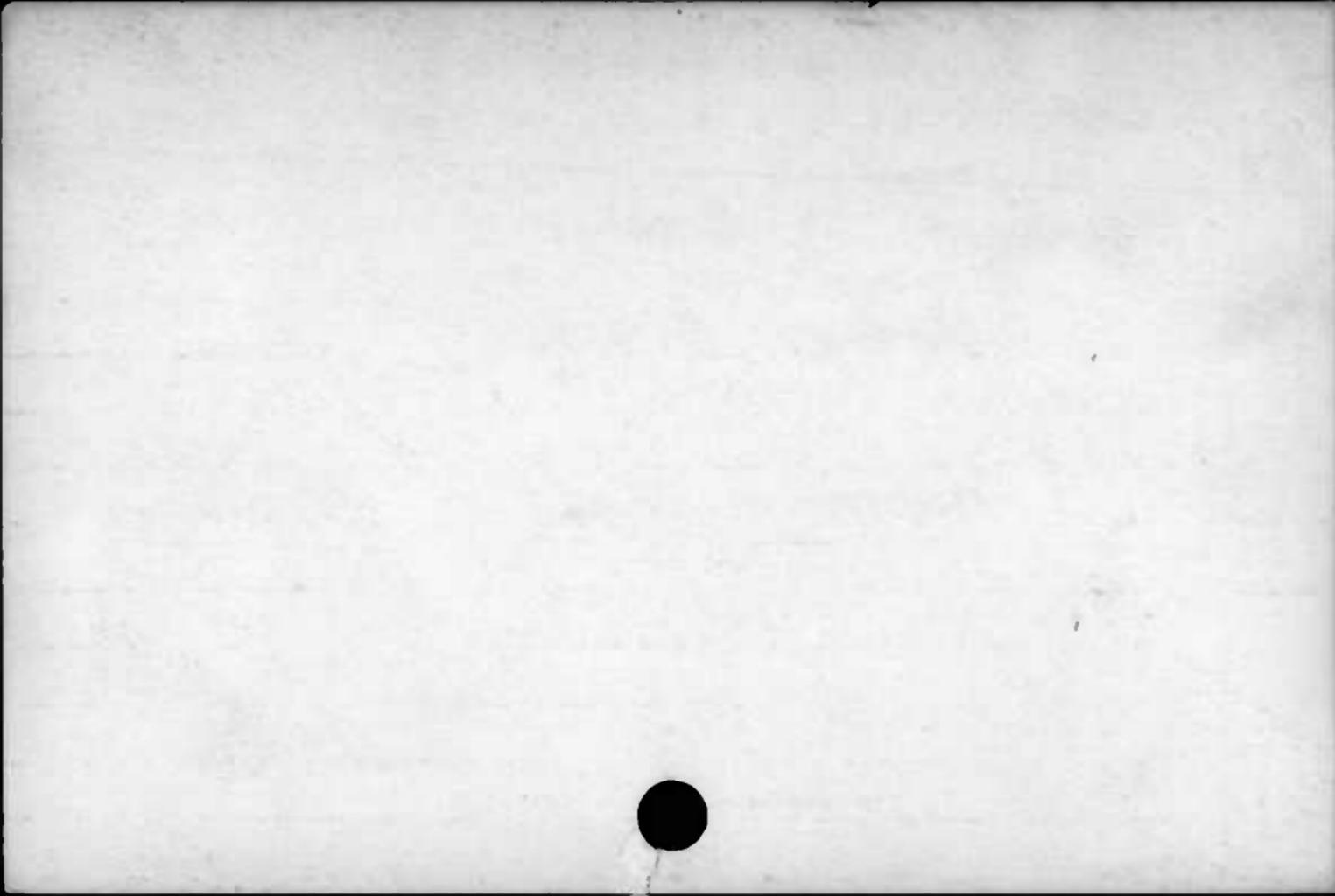
Town	County		
Died at Annapolis	Anne Arundel		
Date of death 1902	Month June	Day 5th	Years 75.
Age	Months 7.	Days 1	
Sex Female	Color or Race White	Birth-place Annapolis	
Married, Single or Widowed Widow	Occupation House Keeper		
Name of Wife or Husband Washington D. Basil			
Father's Name Wallace Nichols	Father's Birthplace Annapolis		
Mother's Maiden Name Rachel Grammer	Mother's Birthplace Annapolis		
Name of person giving information Lotte Bryan	How related to deceased Daughter		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

27

Primary Pulmonary Tuberculosis.	How long 6 months
Immediate Hemorrhage	How long 2 days
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician G. Wells & M.D.
	Address Annapolis, Md.
Accident or Suicide?	



Name
in
Full

Frank Bonda

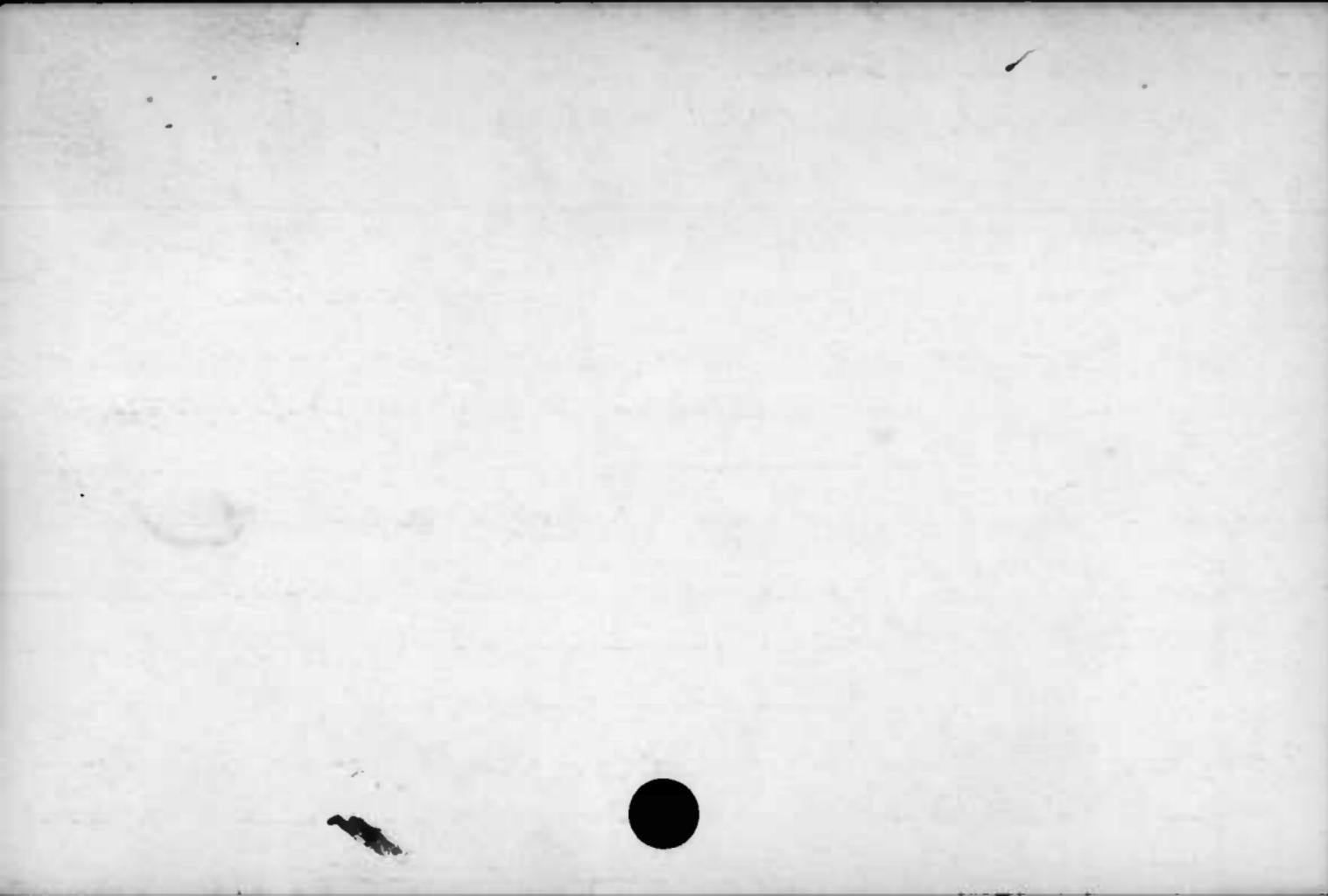
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>South Baltimore Anne Arundel</u>					County			
Date of death 1902	Month 6	Day 19	Age 40	Years	Months	Days	MARYLAND	
Sex <u>Male</u>	Color or Race <u>white</u>		Occupation <u>Labores</u>	Birth-place <u>Austria</u>				
Married, <u>Single</u> or Widowed								
Name of Wife or Husband								
Father's Name	<u>HS</u>			Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving Information	<u>Frank Olechitsky</u>			How related to deceased	<u>None</u>			
CAUSES OF DEATH								
Primary	<u>Hanging</u>				How long			
Immediate	<u>Strangulation</u>				How long			
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	<u>Wm L. Hawkins</u>			
				Address	<u>Coroners</u>			
Yes				<u>Brooklyn md</u>				

PHYSICIAN
OR CORONER

Accident or Suicide?



John H Bruce

Town

County

Died at

*Annapolis**Anne Arundel Co.*

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

June 15

Age

Widow

Krannia

Male

White

Married

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Frances Bruce 27

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Phtisis Pulmonalis

How long sick

9 months

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

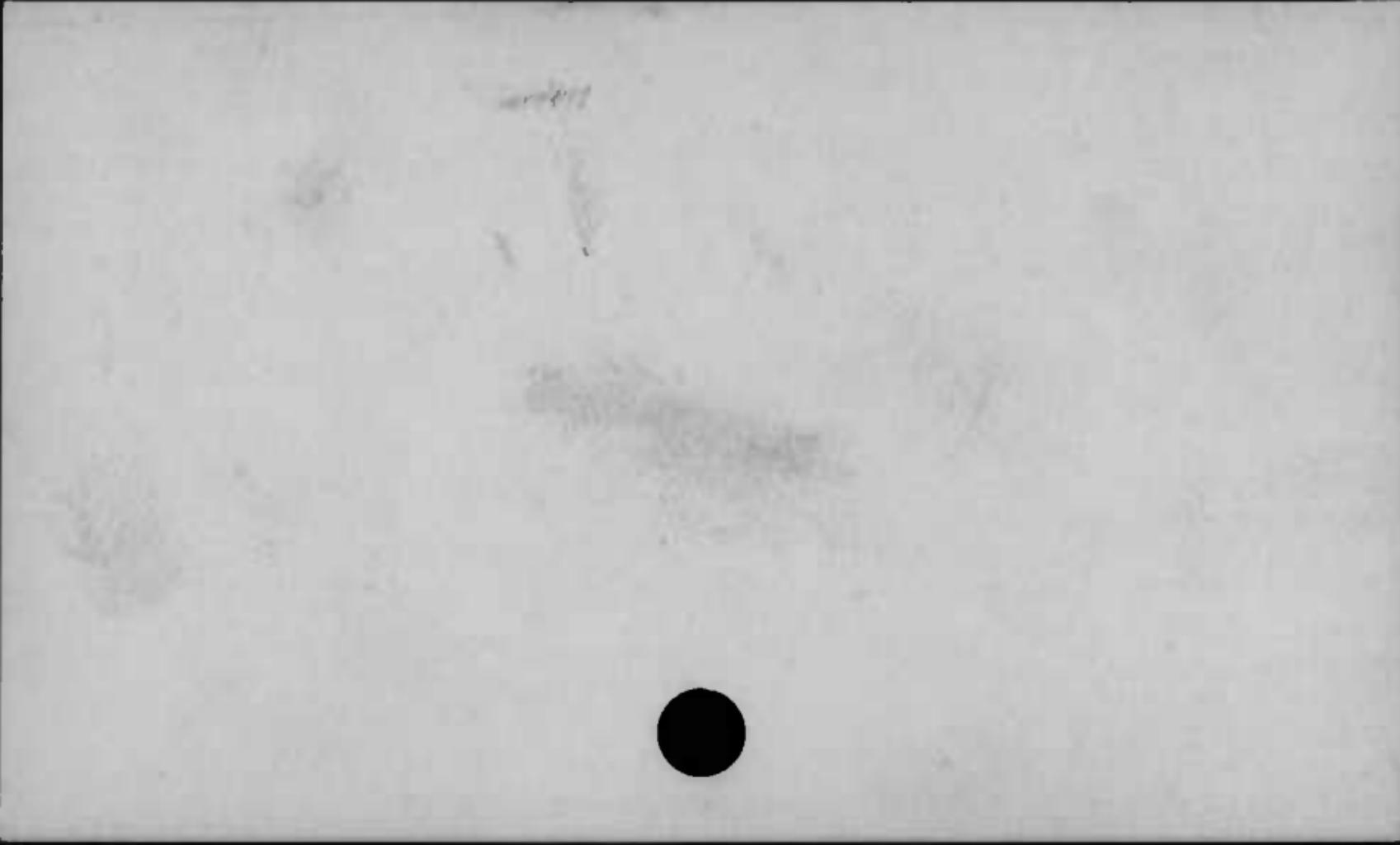
Reported by

William Bruce 112

Address

*12 Church**Circleville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Johns
Brooks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Annapolis</i>	County <i>A. A. Co.</i>	MARYLAND		
Date of death 1902	Month <i>June</i>	Day <i>15</i>	Years <i>about 60</i>	Months -	Days -
Sex <i>male</i>	Color or Race <i>Colored</i>	Occupation <i>Laborer</i>	Birth- place <i>-</i>		
Married, Single or Widowed <i>Married</i>	<i>Colia Brooks</i>		<i>Colia</i>		
Name of Wife or Husband <i>Colia Brooks</i>	<i>Colia Brooks</i>		<i>Colia</i>		
Father's Name <i>-</i>	<i>-</i>		<i>-</i>	Father's Birthplace <i>-</i>	<i>-</i>
Mother's Maiden Name <i>-</i>	<i>-</i>		<i>-</i>	Mother's Birthplace <i>-</i>	<i>-</i>
Name of person giving Information <i>Hammond Hall</i>	<i>Hammond Hall</i>		<i>Hammond Hall</i>	How related to deceased <i>Friend</i>	<i>Friend</i>

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Drowned

172

How long
—

Immediate

Are the name, age, sex, color, date
and place correctly given above?

*as far
as I know, they are.*

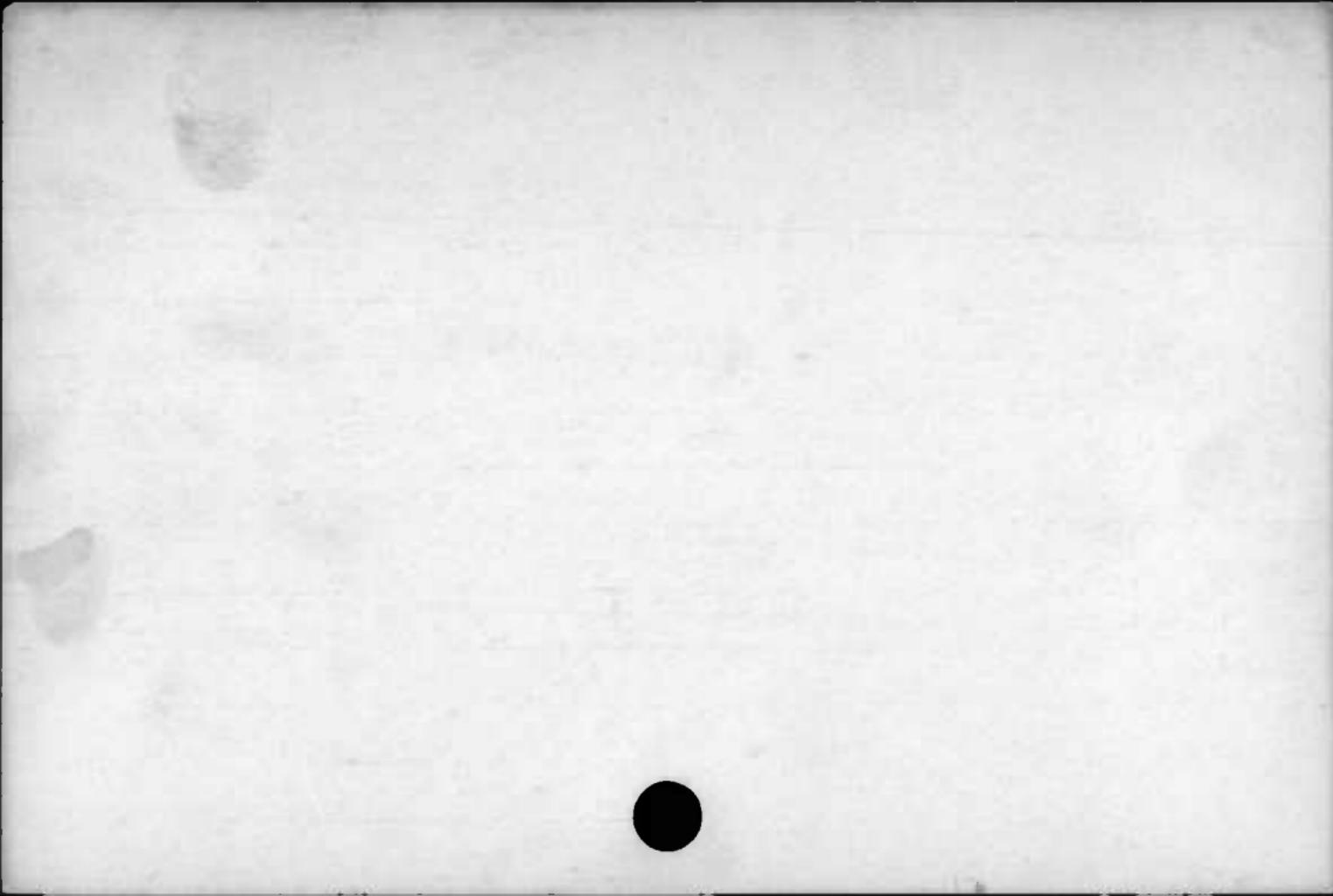
Signature of
Physician

Address

*R. Berger (Physician Reg'd.,
5 St. John St.,
Annapolis, Md.)*

Accident or Suicide?

Accident



Name
in
Full

Maria Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month June	Day 12th	Age 55	Years	Months 0
Sex Female	Color or Race Black	Birth-place Eastern Shore	Days 0		
Married, Single or Widowed married	Occupation House Keeping				
Name of Wife or Husband	Daryl, Brown				
Father's Name	Dab, Little				
Mother's Maiden Name	Mahedia Little				
Name of person giving information	Darl. Brown				
Father's Birthplace	Kent Island				
Mother's Birthplace	Somerscombe				
How related to deceased	Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pristomitis 116 How long 6 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

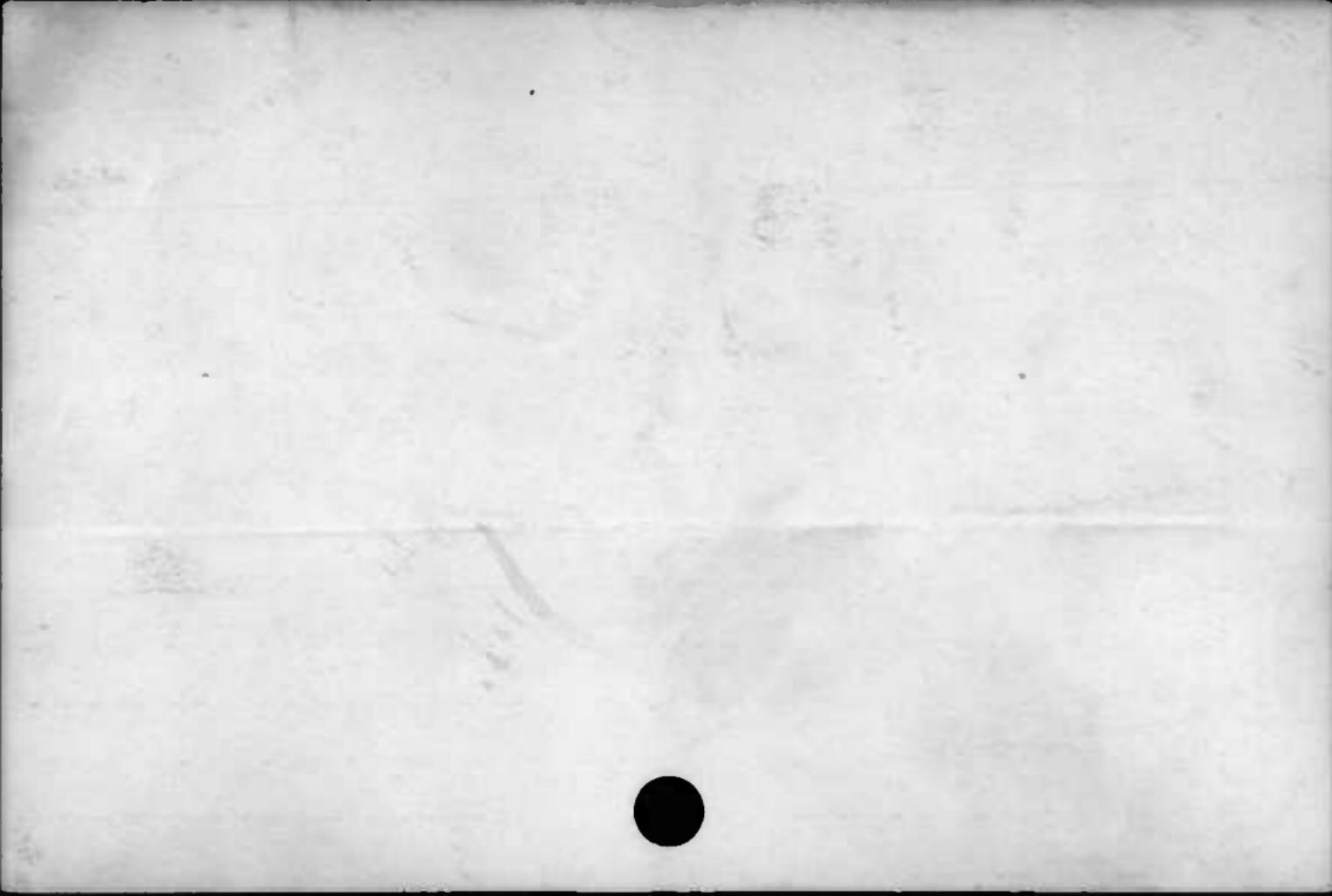
Address

H. B. Sants

Millersville

Mary

Accident or Suicide?



Name
in
Full

Mamie Alice Carroll

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month June	Day 30	Age	Years 8	Months Days
Sex Female	Color or Race Colored	Occupation	Birth-place Harmanus		
Married Single or Widowed					
Name of wife or Husband					
Father's Name John Carroll	Father's Birthplace Atches				
Mother's Maiden Name Mamie Hammond	Mother's Birthplace Atches				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera infantum	How long 5 weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician H. Tongue	Address Eelridge
		Md
Accident or Suicide?		



Name
in
Full

Helen H. Booke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Annapolis	A.A.			
Date of death 190	Month	Day	Years	Months	Days
	June	24 th	Age 69	-	-
Sex	Female	Color or Race	White	Birth- place	Baltimore
Married, Single, Widowed	Widow	Occupation			
Name of Wife or Husband	Franck Booke				
Father's Name	William Hatchel	Father's Birthplace			
Mother's Maiden Name	Susan Buchanan	Mother's Birthplace			
Name of person giving Information	Mary H. Booke	How related to deceased		daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Rheumatic back 48	How long several years
Immediate	Gastric ulcer	How long six weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
D. C. Booke, Claude M.D. 5 St. John St., Annapolis, Md.		
Accident or Suicide?		

Henry W. Fichter Sons.
undertakers
233 W. Paratig St
Balto. Md.

Ludwig H. Henck &
Arthur J.

Inferment at Greenmount Cem
Baltimore Md.

Name in Full

Certificate of Death

Henry Gorards Siefel

Town

County

2 Deitrich Anne Amundee MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

June 4.

Age

43 11.5

Md

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

1

Husband of

Manrie Schregel

Wife

John Siefel

Mother's

Maiden Name

Elizabeth

Crouse

Father's Name

Cause of

Primary

Congestion of Liver

How long sick

10 day

Death

Immediate

Spasmodic

~~Accident, Suicide, Homicide~~

Reported by

Geo Wells M.D.

Address

Annapolis Md

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Francis F Eshback

CERTIFICATE OF DEATH

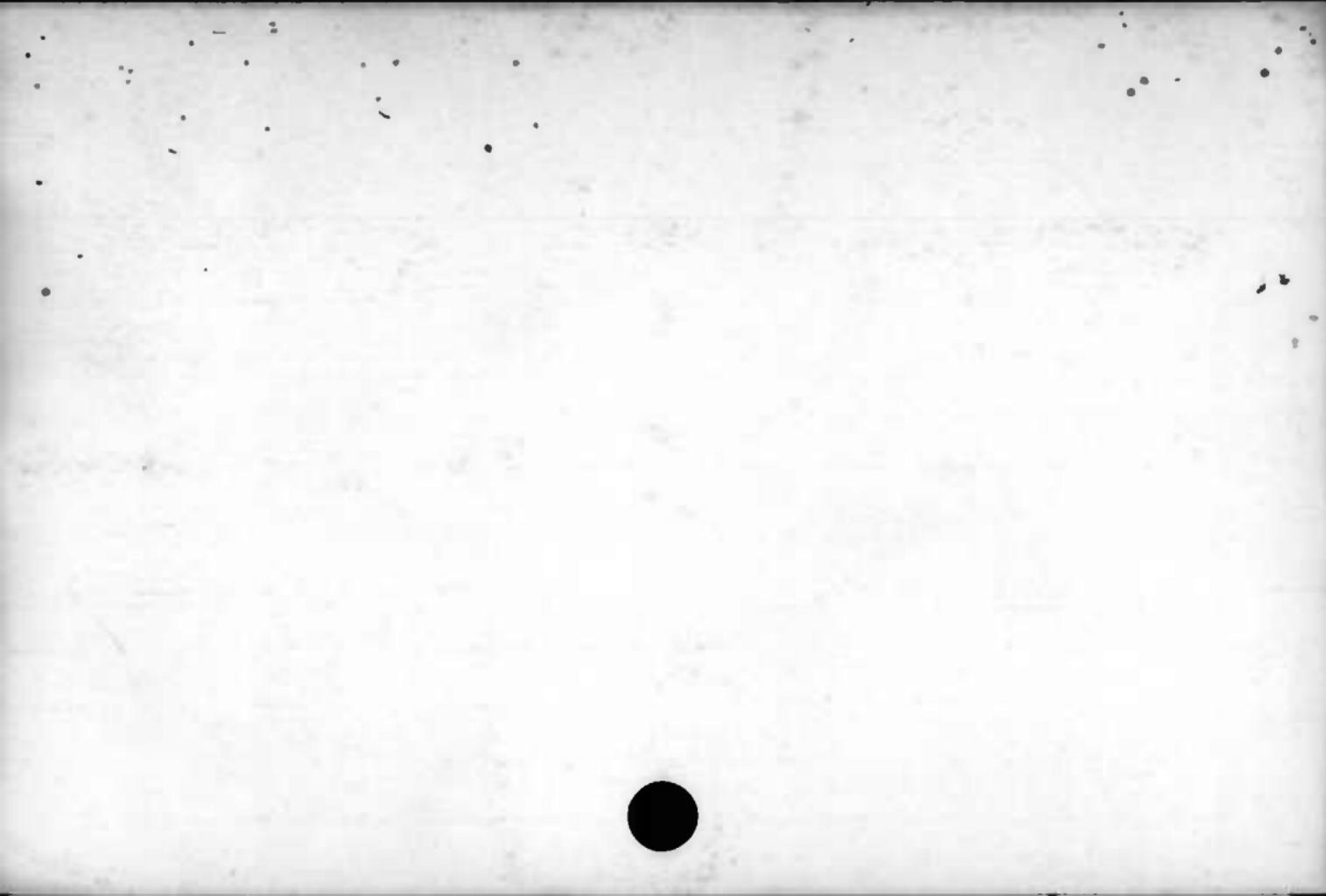
TO BE ANSWERED BY
NEAREST FRIEND

Died at Hawkins Point		County A A		MARYLAND	
Date of death 1902	Month 6	Day 14	Age 61	Months	Days
Sex Male	Color or Race white	Birthplace Baltimore			
Married, Single or Widowed	Occupation Contractor				
Name of Wife or Husband					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				
Vernon E Derr					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral Hemorrhage	How long
Immediate	Paralysis of the heart	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		Dr L Hawkins Conner
		Address
		Brooklyn
		ma
Accident or Suicide?		



Name
in
Full

Harriet Ann Ireson

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at William (Puerto) A & C Town County

MARYLAND

Date of death 190	Month June	Day 20	Age Years	Months 9	Days 0
Sex Female	Color or Race African	Occupation			
Married, Single or Widowed					

Name of Wife or
Husband

Father's
Name

Herbert Green

Father's
Birthplace

Gloucester

Mother's
Maiden Name

Harriet Ireson

Mother's
Birthplace

Gloucester

Name of person giving
Information

Herbert Green

How related
to deceased

Father

CAUSES OF DEATH

Primary

Opiate

14

How long

10 days

Immediate

Convulsions

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

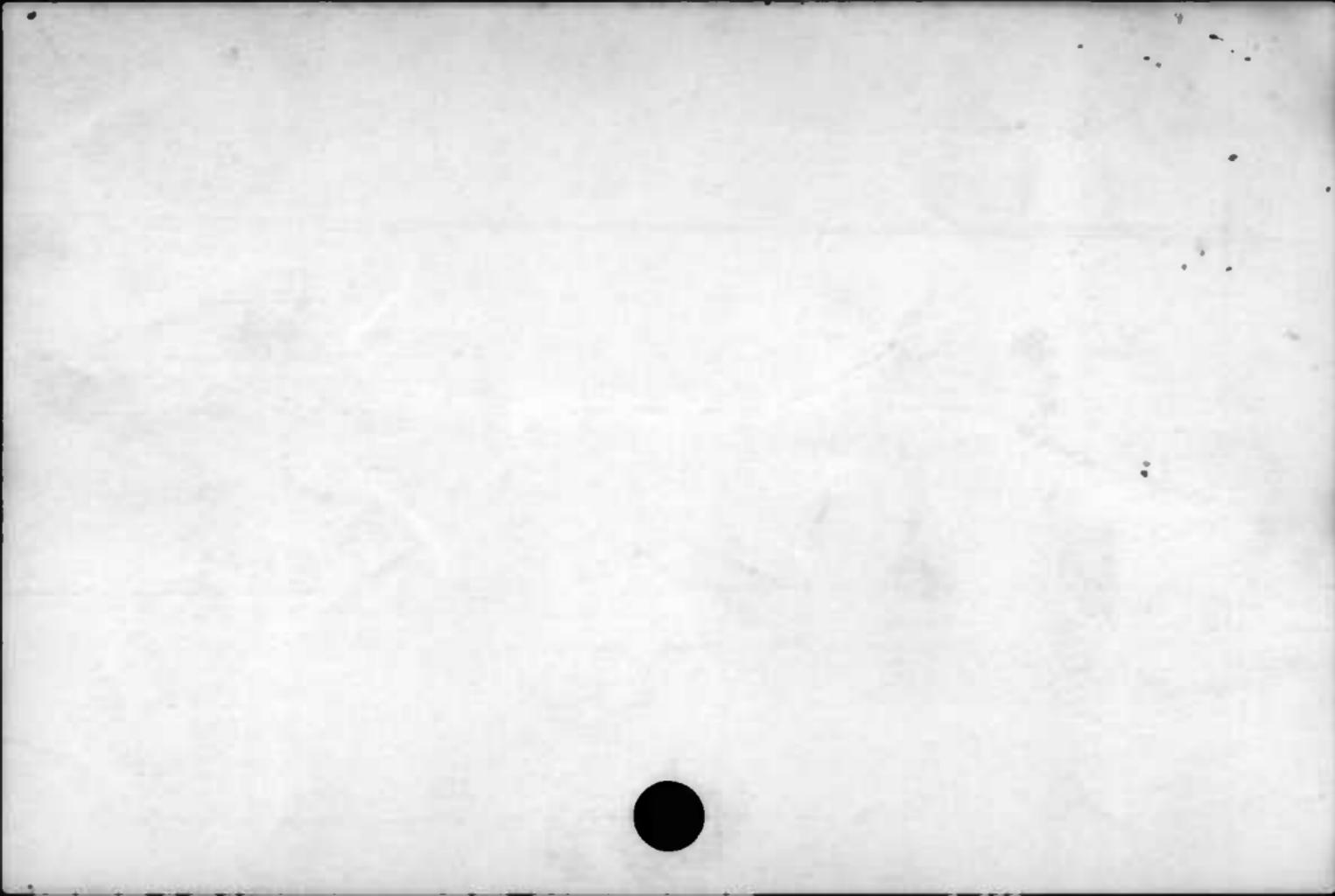
P. J. Morgan M.D.

Address

1418 N. Burnside

Accident or Suicide?

PHYSICIAN
OR CORONER



unnamed

Town

County

MARYLAND

Died at

annapolis

Anne Ar.

Month

Day

Y.

M.

D.

Native of

Date 19

02

June 26

Age

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's
NameMother's
Maiden Name

Florence Hanes

Cause of

Primary

steel burs

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

J.W. Bishop M.D.

Address

12 Church

Circle

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Nancy Hawkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month 6	Day 28	Age about 46 years	Months	Days
Sex Female	Color or Race Black	Occupation Domestic	Birth- place Odenton		
Married, Single or Widowed Married	Name of Wife or Husband Joseph Hawkins				
Father's Name Brayer	Father's Birthplace don't know				
Mother's Maiden Name supposed Maria Calvo	Mother's Birthplace Odenton				
Name of person giving Information George W Williams	How related to deceased not at all				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart disease	How long several years
Immediate Paralysis of the Brain	How long 24 hours
Are the name, age, sex, color, date and place correctly given above? <i>No</i>	Signature of Physician J.W. Dubois M.D.
Yes	Address 11 Gambrills Rd
Accident or Suicide?	



Name
in
Full

Elizabeth Harwood Howard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND		
Date of death <u>1902</u>	Month <u>June</u>	Day <u>14</u>	Age <u>43</u>	Years	Months <u>0</u>	Days <u>6</u>
Sex <u>Females</u>	Color or Race <u>white</u>	Birth-place <u>Annapolis, Md.</u>				
Married, Single or Widowed <u>Married</u>	Occupation					
Name of Wife or Husband <u>Douglas A. Howard</u>						
Father's Name <u>Abrau Belauder</u>	Father's Birthplace <u>Annapolis, Md.</u>					
Mother's Maiden Name <u>Roselle Ann Tuck</u>	Mother's Birthplace <u>Annapolis, Md.</u>					
Name of person giving information <u>H. Clement Claude</u>	How related to deceased <u>Brother</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Apoplexy

but

How long

8 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

H. Clement Claude M.D.

Address

5 St. John St.

Annapolis, Md.

Accident or Suicide?



Maggie-Rosella Hughes 151

Died at Pumpkineys A.C. ^{Town} ^{County}

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1902	June	13	Age	1		AACO	
	Male	White	Married	Widow	Divorced		
	Female	Colored	Single	Widower		Number of children living	

Husband
of

Wife

Father's Name	William Hughes	Mother's Maiden Name	Laura Butler
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Cause of Death	Primary	Secondary	ICterus Neonatorum	How long sick	3 weeks
----------------	---------	-----------	--------------------	---------------	---------

Death	Immediate	Accident, Suicide, Homicide
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Reported by T. R. Winslow M.D.

Address Elkridge Maryland

Must be signed by physician, if any in attendance; otherwise by coroner, undertaker or minister.



Barbara Sophia Jackson

Town

County

Died at Brooklyn Anne Arundel

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	June	5	Age	50		A.A.Co	Housewife
Males	White		Married		Widow	Divorced	
Females	Colored		Single		Widower		Number of children living

2

Husband of Rose Wesley Jackson

Wife

Father's Name Ezekiel Oliver

Mother's

Maiden Name

Mary Jane Hawkins

Cause of

Primary

How long sick

4 years

Death

Immediate

Phthisis

Accident, Suicide, Homicide

Reported by

C R Hinckson M.D.

Address

Elkridge

Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Arthur P. Jones

Town

County

Died at *Patuxent Anne Arundel*

MARYLAND

Date <i>1902</i>	Month <i>June</i>	Day <i>14</i>	Y. <i>3</i>	M. <i>Widow</i>	D. <i>Divorced</i>	Native of <i>Md</i>	Occupation <i>—</i>
Male	White	Married					
<i>Fannie</i>	<i>Colored</i>	Single	<u>Number of children living</u>				

Husband
of:

Wife

Father's

Name

James Jones

Mother's

Name

Agnes Jones

Cause of

Primary

Cholera infantum

How long sick

4 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

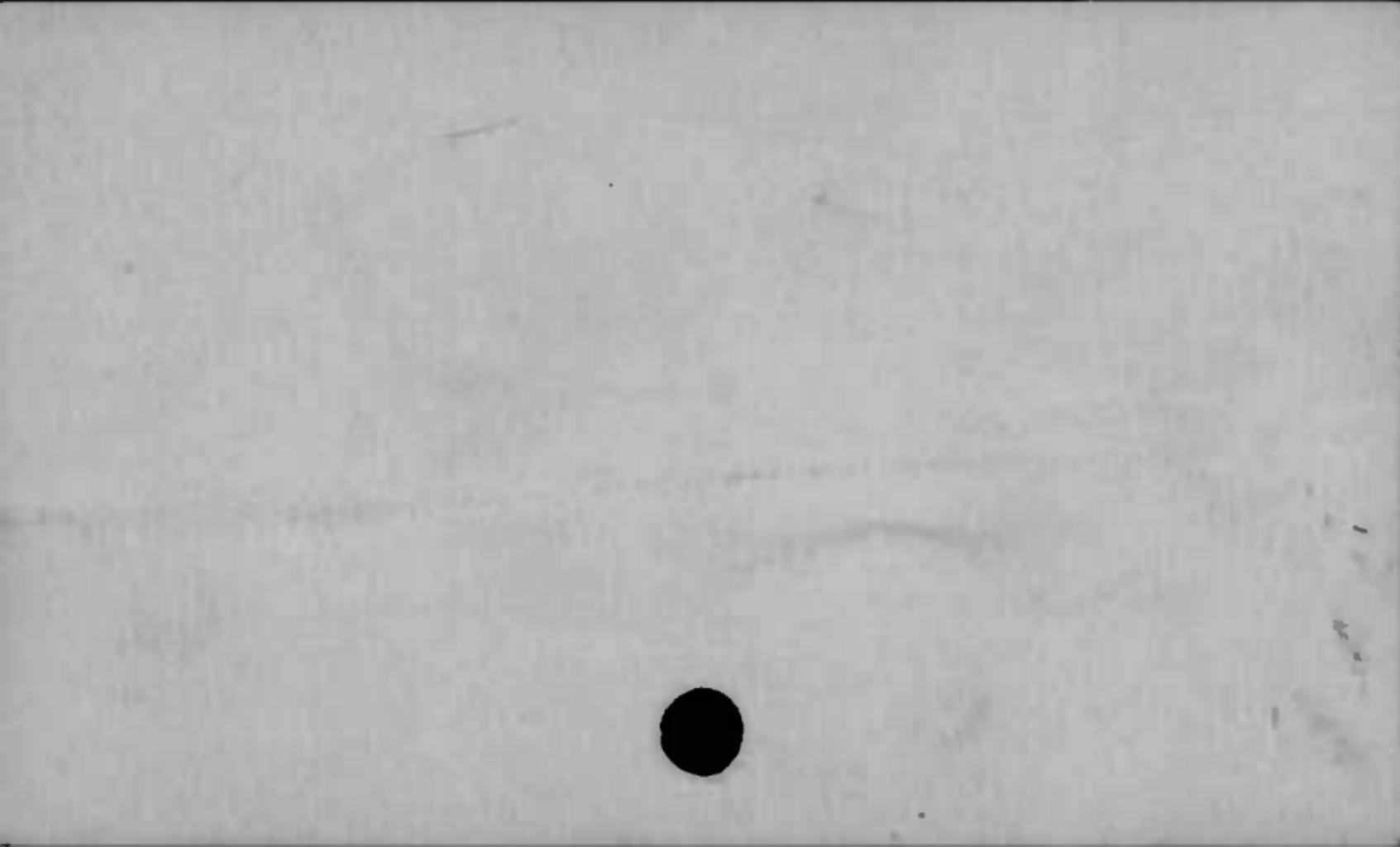
Reported by

R.A. Hammond, M.D.

Address

Fessenden, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full!

Certificate of Death

Mary Johnson

Town

County

Died at

1902

MARYLAND

Month

Day

Y. M. D.

Native of

Md

Occupation

Date 189

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Solomon Johnson

Mother's

Name

Martha Forrester

Cause of

Primary

Pneumonia

How long sick

5 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

A. J. Terrie M.D.

Address

McKendree Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rachel Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1902	Month June	Day 24	Age	Years	Months	Days
Sex Girl	Color or Race Colored	Occupation Infant	Birth- place Annapolis			
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name Jacob Johnson	Father's Birthplace Seven					
Mother's Maiden Name Elizabeth Johnson	Mother's Birthplace Seven					
Name of person giving Information Father	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diarrhoea

105

How long

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

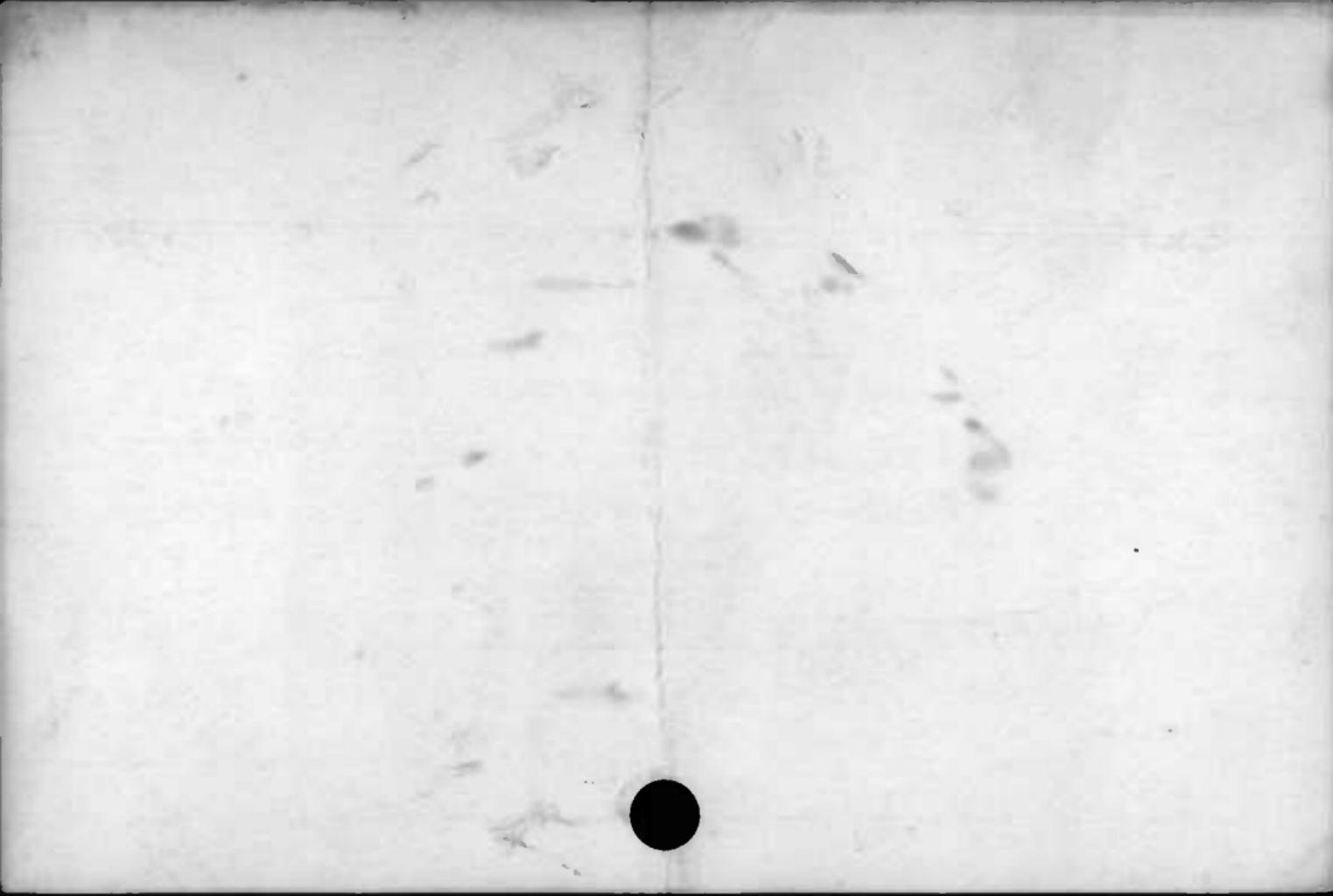
Yes

Signature of
Physician

Address

John Campbell M.D.
10 Second St.

Accident or Suicide?



Name
in
Full

Agnes Kozloski

CERTIFICATE OF DEATH

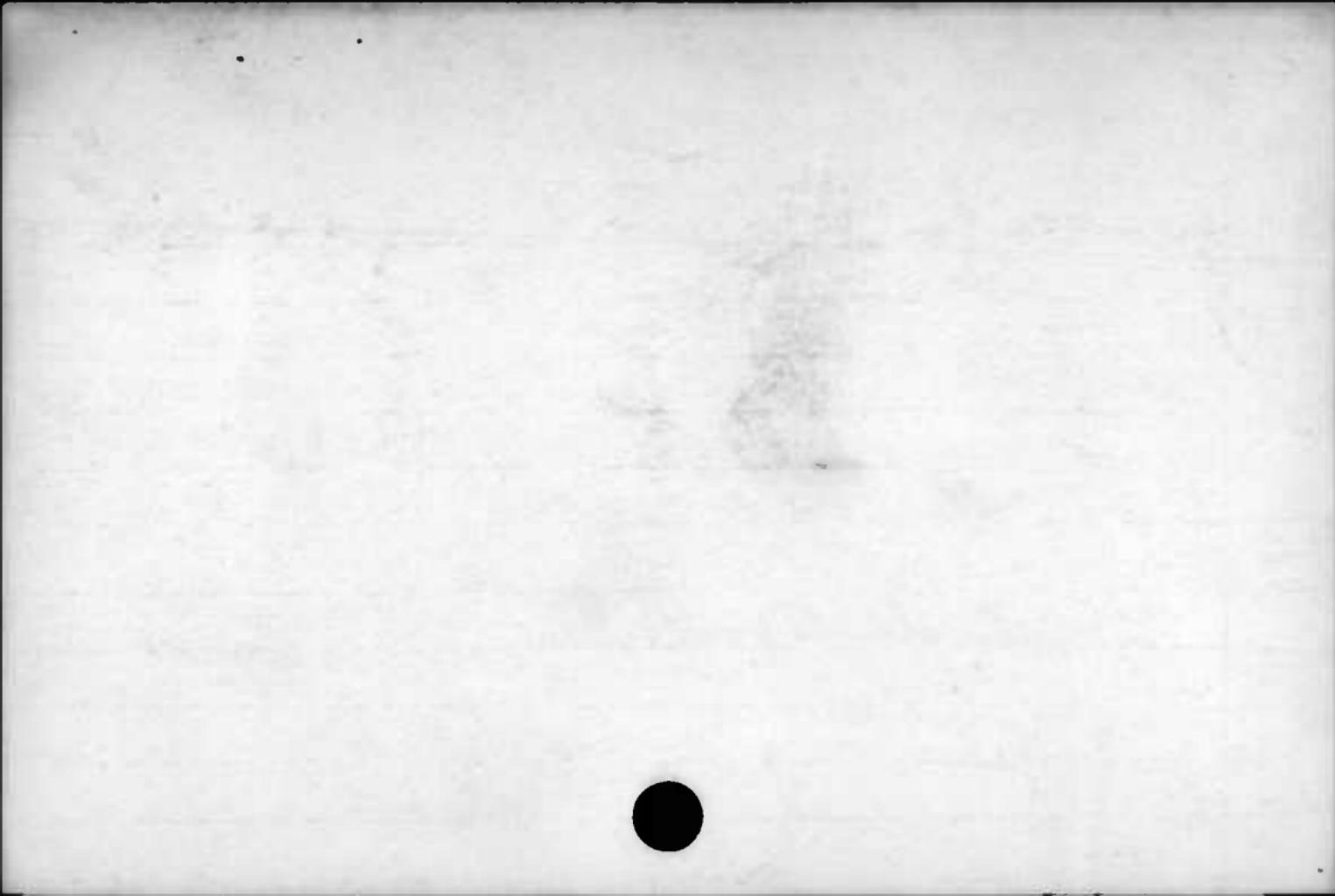
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	a a		County	MARYLAND	
Date of death 1902	Month June	Day 26	Age	Years	Months	Days
Sex female	Color or Race	white		Birth-place	5 district	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Annen Kozloski			Father's Birthplace	Polana	
Mother's Maiden Name	Helen Radusky			Mother's Birthplace	Polana	
Name of person giving information	Annen Kozloski			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum 105:	How long	3 weeks
Immediate	Meningitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J H Grayham
..		Address	J Helen Burnham
Accident or Suicide?			



Name
in
Full

Joseph Grago Tusak
Marley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 6	Day 16	Years	Months	Days
Sex	Male	Color or Race	Age	Birth- place	• M 28
Married, Single or Widowed	Single		Occupation		
Name of Wife or Husband					
Father's Name	—			Father's Birthplace	—
Mother's Maiden Name			104	Mother's Birthplace	—
Name of person giving Information	This W Bragshaw			How related to deceased	None

CAUSES OF DEATH

Primary	Acute Indigestion	How long
Immediate	—	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

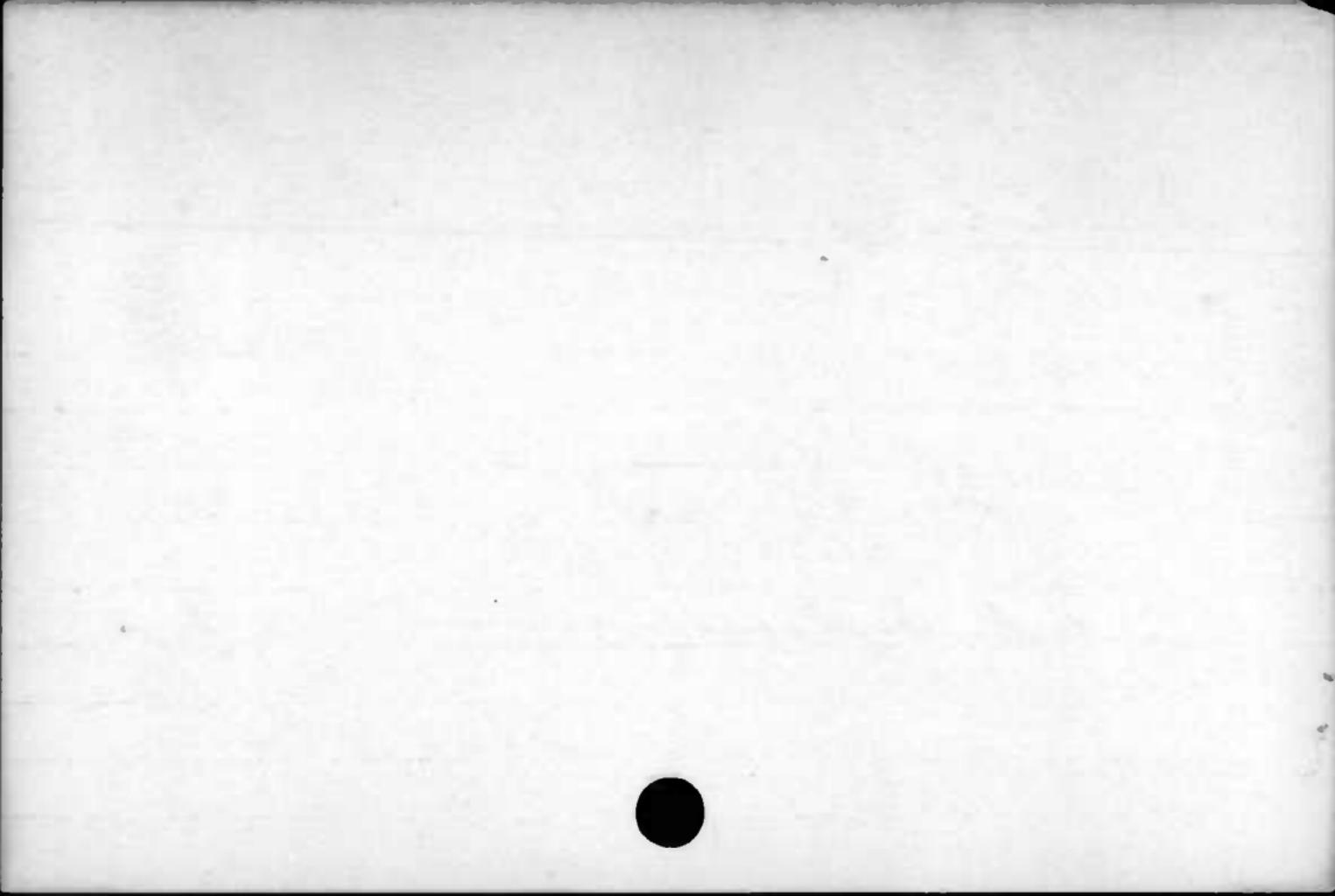
yes

Signature of
Physician

Address

This W Bragshaw
91st Avenue

Accident or Suicide?



Maggie Rita Lamb

Town

County

Died at

East Rock Ave Arundel

MARYLAND

Month Day

M.

D.

Native of

Occupation

Date 1902

June 21.

Age 119

nder

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

~~Wm A Lamb~~

Wife

Father's

Name

Wm A Lamb

Mother's

Maiden Name

Anne Wiggins

How long sick

Cause of

Primary

Cholera Infantum

6 days.

Death

Immediate

Spasms

Accident, Suicide, Homicide

Reported by

Geo Wells M.D.

Address

Annapolis Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carl Charles. Looman

Town

Brooklyn

County

MARYLAND

Died at

A A

Data 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Ollie Looman

Mother's

Maiden Name

Annie May

How long sick

1 week

Cause of

Primary

Immediate

Cholera Septic



Accident, Suicide, Homicide

Death

Reported by

J. B. Johnson, M.D.
Brooklyn, N.Y.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rich E. Lawman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	white	Birth-place	M d	
Married, Single or Widowed	Single		Occupation	—		
Name of Wife or Husband	—					
Father's Name	Plumber Lawman		Father's Birthplace	M d		
Mother's Maiden Name	Ella A. Lloyd		Mother's Birthplace	M d		
Name of person giving information	Plumber Lawman		How related to deceased	Father		

CAUSES OF DEATH

105

Primary	Cholera Infantum		How long
Immediate	Cholera		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Chas. N. Broome
		Address	Brooklyn
Accident or Suicide?	No		



Name
in
Full

Henry Matthews

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town	County AdA		MARYLAND	
Date of death 1902	Month June	Day 9 th	Years	Months 9	Days	
Sex Male	Color or Race Sol.	Birth-place Annapolis				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name George Day	Father's Birthplace AdA County					
Mother's Maiden Name Sarah Matthews	Mother's Birthplace Annapolis					
Name of person giving Information	How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypersomnia		How long
Immediate	Exhaustion 105		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout M.D.
		Address	Annapolis Md
Accident or Suicide?			



Name in Full

Certificate of Death

Vincent Mathewos

Town

County

Died at

Chesterfield Annexed

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Widow

Divorced

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Ella Blackstone

Cause of

Primary

Consumption

How long sick

7 months

Death

Immediate

Pulmonary Hemorrhage

Accident, Suicide, Homicide

Reported by

J.W. Dr. Boris M.D.

Address

Gambrills

old

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Augusta Meglenesky

Town

County

Died at

Charles City

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	Charles City	6	5	Age -	10	-	2002	
		Male	White	Married	Widow		Divorced	
		Female	Colored	Single	Widower		Number of children living	5 -

Husband of

Wife

Father's Name

Cause of Death

Death

Reported by

Address

Mother's
Maiden Name

Saterline Schoutz

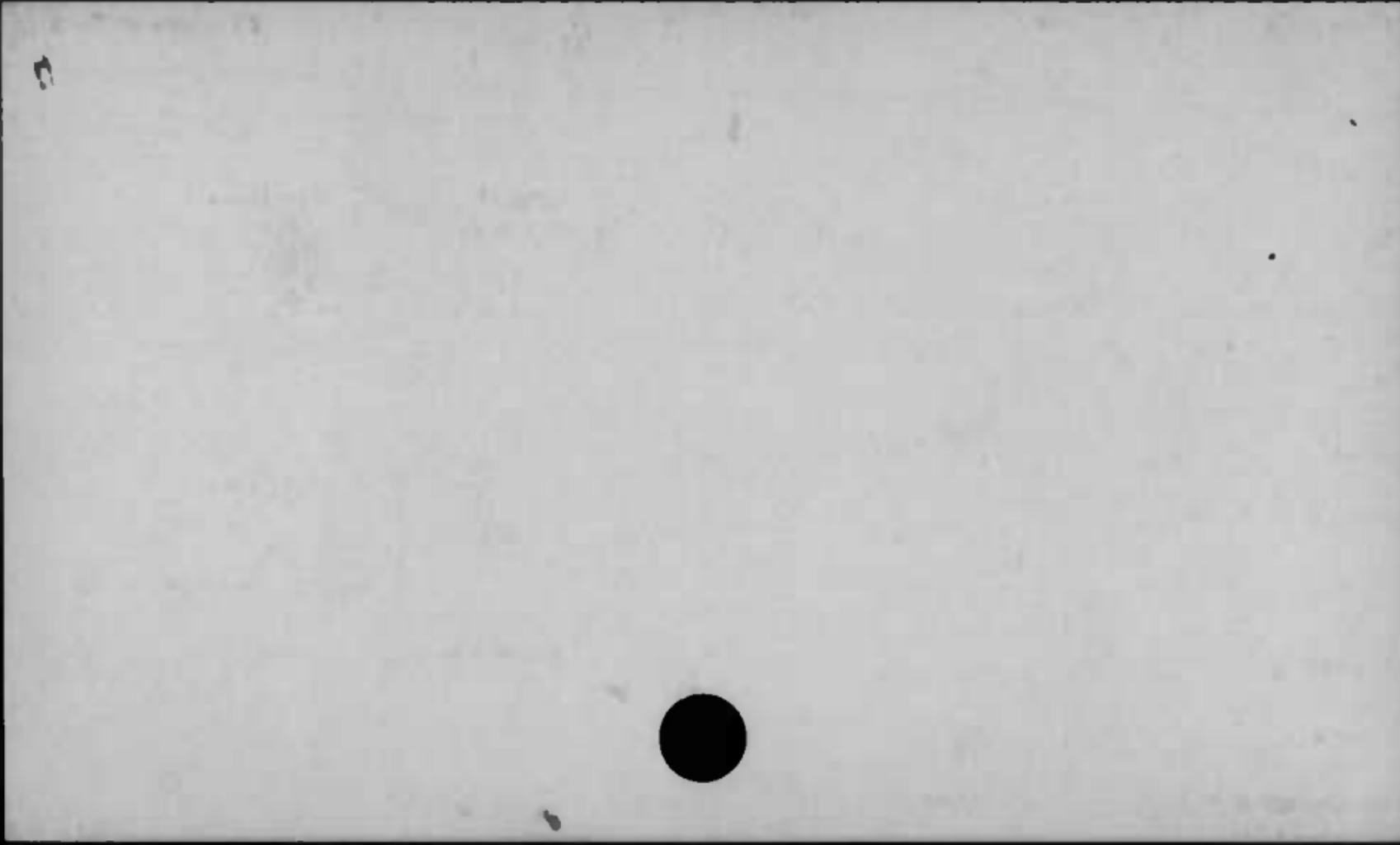
How long sick

7 days

Accident, Suicide, Homicide

105
 Chas. A. Broome

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Oliver

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County			
Date of death 1902	Month June	Day 29 th	Age 60.	Years	Months 5.
Sex Female	Color or Race	Occupation			
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Charles Oliver 105			Father's Birthplace	Not County
Mother's Maiden Name	Lizzie Parker			Mother's Birthplace	Not County
Name of person giving information	Lizzie Parker			How related to deceased	Mother

CAUSES OF DEATH

Primary	Cholera Infantum	How long	One week
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	No Physician
		Address	Jamer H. Adams
Accident or Suicide?	Undertaker Annapolis Md		



Frank Welsh Owens

Died at	Town	County				MARYLAND
	Grenock	Anne Arundel				
Date 1902.	Month June	Day 28	Y. 50	M. —	D. —	Native of Md
Male	White	Age 50	Married	Widow	Divorced	Occupation Merchant
Female	Colored	Single		Widower		Number of children living —

Husband of —

Wife

Father's Name

Horace Owens

Mother's Maiden Name

Mary Welsh

Cause of Death

Primary

Epileptic fit.

How long sick

Sudden

Immediate

Suffocation

Accident, Suicide, Homicide

Reported by

A. H. Berrie M.D.

Address

McKendree

Mid.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

James Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Died at	Annapolis		Anne Arundel		MARYLAND	
Date of death 1909	Month June	Day 18 th	Years 72.		Months	Days
Sex Male	Color or Race Col.	Birth-place Annapolis				
Married, Single or Widowed Widower	Occupation Laborer					
Name of Wife or Husband Sarah Parker						
Father's Name John Parker	Father's Birthplace Annapolis					
Mother's Maiden Name Rebecca Phillips	Mother's Birthplace Annapolis					
Name of person giving information Mrs. Allen	How related to deceased Niece.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Senility	How long	Six months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Gammone Gall
		Address	Murderer Annapolis Md
Accident or Suicide?			



Name in Full

Certificate of Death

Thomas Parkinson

Town

County

Died at

Annapolis

A. A. Co.

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Male

June 4th

Age 72

+

+

Md.

Female

White

Married

Widow

Divorced

Occupation

Waterman

Colored

Single

Widower

Number of children living

5,

Husband

of

Cassie Ann Parkinson 50

Father's

Name

Not known

Mother's

Maiden Name

Not known

Cause of

Primary

Diabetes Melitus

How long sick

For months

Death

Immediate

Gangrene + exhaustion

Accident, Suicide, Homicide

Reported by

F. H. Thompson M.D.

Address

93 Church St. Annapolis Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

George Price

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Annapolis			County	Anne Arundel	
Died at	Month	Day	Years	Months	Days	
Date of death 1902	June	30 th	Age 3			
Sex Male	Color or Race	Birth-place Annapolis				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	George Price 2			Father's Birthplace	Annapolis	
Mother's Maiden Name	Mary Richards			Mother's Birthplace	Annapolis	
Name of person giving information	Mary Richards			How related to deceased	Mother	

CAUSES OF DEATH

Primary	Pulmonary Tuberculosis	How long	Months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	No. Physician
		Address	Stammons Hall undertaker Annapolis Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Green

Died at Annapolis Town Antrim County Maryland MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902 June 20 th							
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u>Widower</u>			<u>Number of children living</u>	

Husband of

Wife

Father's Name

Edward Green Mother's Maiden Name Annie McPherson

Cause of Death

Primary Still-born How long sick

Death

Immediate Accident, Suicide, Homicide

Reported by

Margaret Bailey
Midwife Annapolis
Address Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Rose

Town Wellhams County Anne Arundel MARYLAND

Died at

Month June Day 16

Y.

M.

D.

Native of

Occupation

Date 19 022

Male

Widow

Female

Divorced

White

Widower

Colored

Married

Single

Number of children living

Husband of

Wife

Father's Name

William Rose

Mother's Maiden Name

Sarah Cook

105

Cause of Death

Primary

Mero-coccalis

How long sick

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

E. R. Wmerson

Address

Elkridge, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister



Jesse Rotten

Town	County		
near Arniges P.O.	A.A.C.O.		
Died	Month	Day	Y. M. D.
1902	June	15	Age (approx) 35 or 40 yrs
Date			Baltimore City

MARYLAND

Native of	Occupation			
Male	White	Married	Widow	Divorced
<u>None</u>	<u>Cured</u>	<u>Single</u>	<u>Widower</u>	Number of children living

Husband of

Wife Name of wife unknown

Father's

Name Unknown

Mother's

Name Unknown

Cause of

Primary

Accidently - Drowned

How long sick

—

Death

Immediate

Drowned

Accident, Suicide, Homicide

Reported by

Melville S. Deulah J.P. & Acting Coroner

Address

Arniges P.O. & Baltimore  Melville S. Deulah J.P.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sarah Sandlo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month June	Day 30 th	Age 96	Years	Months 4 months
Sex Female	Color or Race White	Occupation	Birth-place	Annapolis	
Married, Single or Widowed	Single				
Name of Wife or Husband					
Father's Name	Joseph Sands		Father's Birthplace	Annapolis Md	
Mother's Maiden Name	Sarah Rawlings		Mother's Birthplace	Anne Arundel Co Md	
Name of person giving information	Jas H. Sands		How related to deceased	nephew	

CAUSES OF DEATH

Primary	Diarrhoea	How long	5 days
Immediate	Asthma	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Tom G. Ridout
		Address	Annapolis.
-Accident or Suicide?			



Name
in
Full

Harrat-Arre Savage

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis		Town	Anne Arundel		County	MARYLAND	
Date of death 1902	Month June	Day 8th	Age 48	Years	Months 3	Days	
Sex Female	Color or Race White			Birth-place Annapolis			
Married, Single or Widowed Married	Occupation House Keeper						
Name of Wife or Husband Geo Savage							
Father's Name Thomas Litchman			Father's Birthplace Md.				
Mother's Maiden Name Rosaria McCloskey			Mother's Birthplace Cambridge Md.				
Name of person giving information Rosaria Litchman			How related to deceased Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dysentery (Chronic) 14

How long

I do not know.

Immediate

Peritonitis.

How long

Four days.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

J. H. Thompson M.D.
913 Church St.
Annapolis Md.

Accident or Suicide?



Name
in
Full

Louisa Schetlik

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 1902	: Month June	Day 17	Years —	Months — Days
Sex Female	Color or Race	White	Birth-place	So. Balto. Md.
Married, Single or Widowed		Occupation		
Name of Wife or Husband				
Father's Name	Alois Schetlik		Father's Birthplace	Europe
Mother's Maiden Name	Mary Stach 71		Mother's Birthplace	Europe
Name of person giving information	Mary Schetlik		How related to deceased	Mother
CAUSES OF DEATH				

PHYSICIAN
OR CORONER

Primary	How long
Infantile Convulsions	24 hours
Immediate	How long
Infantile Convulsions	24 hours
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Jno. B. Horton M.D.
	Address
	So. Balto — md
Accident or Suicide?	



Name
in
Full

Ernest Paul Schultze

CERTIFICATE OF DEATH

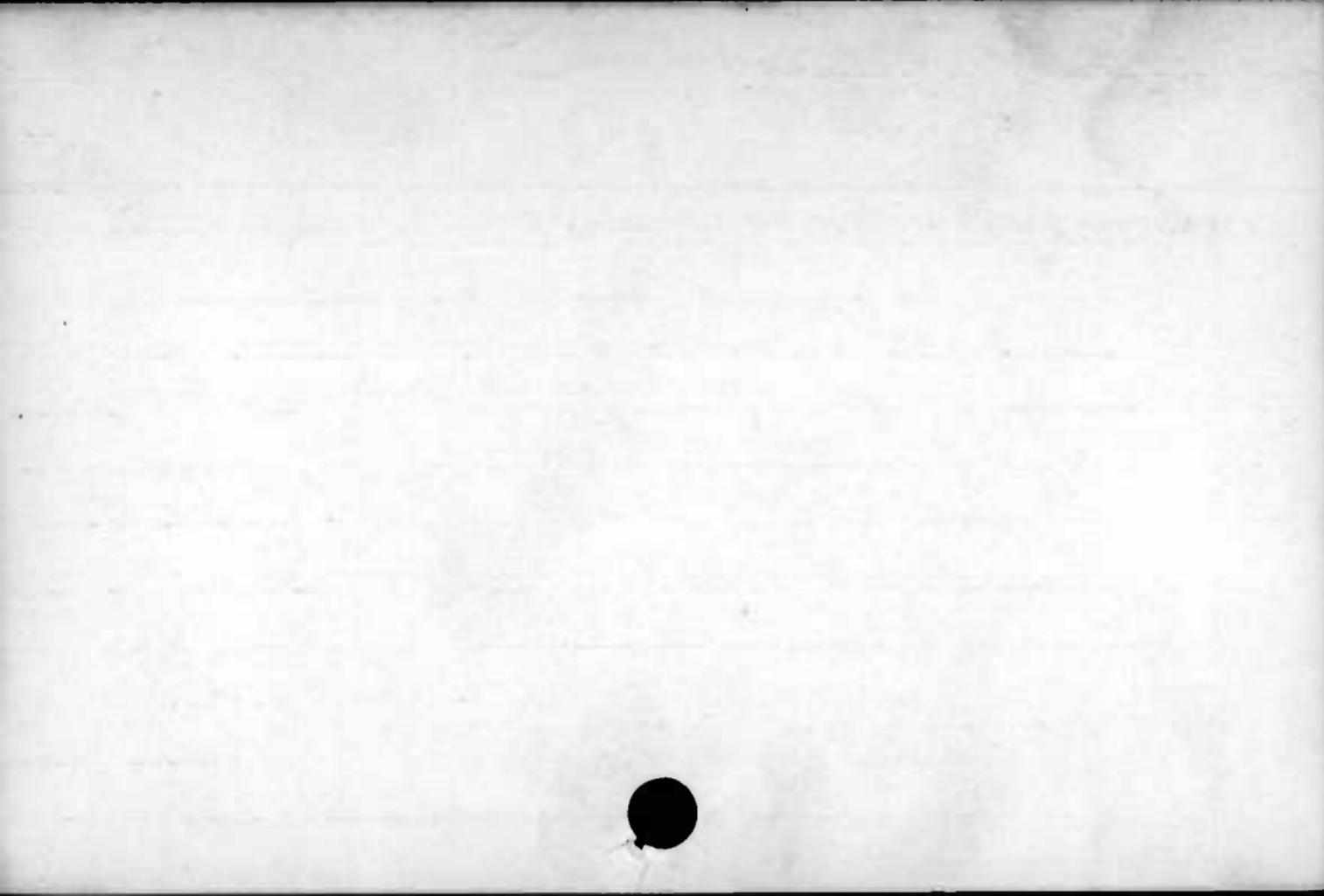
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
2 June	21	Age	1		12
Sex male	Color or Race	White	Birth-place	Fairfield, Md	
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Max Schultze	105	Father's Birthplace	Germany	
Mother's Maiden Name	Elsie Miller		Mother's Birthplace	"	
Name of person giving information	Elsie Schultze		How related to deceased	mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Cholera Infantum	11 days
Immediate	How long
Cholera Infantum	11 days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	Address
	J. S. B. Norton, M.D. Curly's Bay, Md.



Name in Full

Certificate of Death

Edwardena Ruth Scott

Town

County

Died at

Shady Side

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Thos Scott

Mother's Maiden Name

Laura Scott

How long sick

Cause of

Primary

Marasmus

3 m

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Geo T Dent Jr D

Blawith Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

5
100



Name in Full

Certificate of Death

Oscar Seigert

Town

County

Died at

Churchton

MARYLAND

Month

Day

Y.

M.

D.

A.A.

Occupation

Date 1902

June 24

Age - 11 12

Ind

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Oscar F. Seigert

Mother's Maiden Name

Bessie Phillips

How long sick

12 days

Cause of Death

Primary

Meningitis

61

Immediate

Exhalation

Accident, Suicide, Homicide

Reported by

Geo T. Dink M.D.

Churchton Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Gelände

Name
in
Full

Elizabeth Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	A.A.		
East Port		A.A.	MARYLAND		
Date of death 1902	Month June	Day 12 th	Years 40 yrs	Months	Days
Sex Female	Color or Race Colored	Occupation House-wife	Birth-place A.A. County		
Married, Single or Widowed Married	Name of Wife or Husband Frank Smith			Father's Name Adam Brown	Father's Birthplace A.A. County
Mother's Maiden Name Priscilla Tucker				Mother's Birthplace A.A. County	How related to deceased Husband
Name of person giving Information Frank Smith					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Gypho-Malaria Fever	How long eight days
Immediate	Intestinal Perforation	How long —
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician John Ridout, M.D.
		Address Annapolis Md.
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Snowden

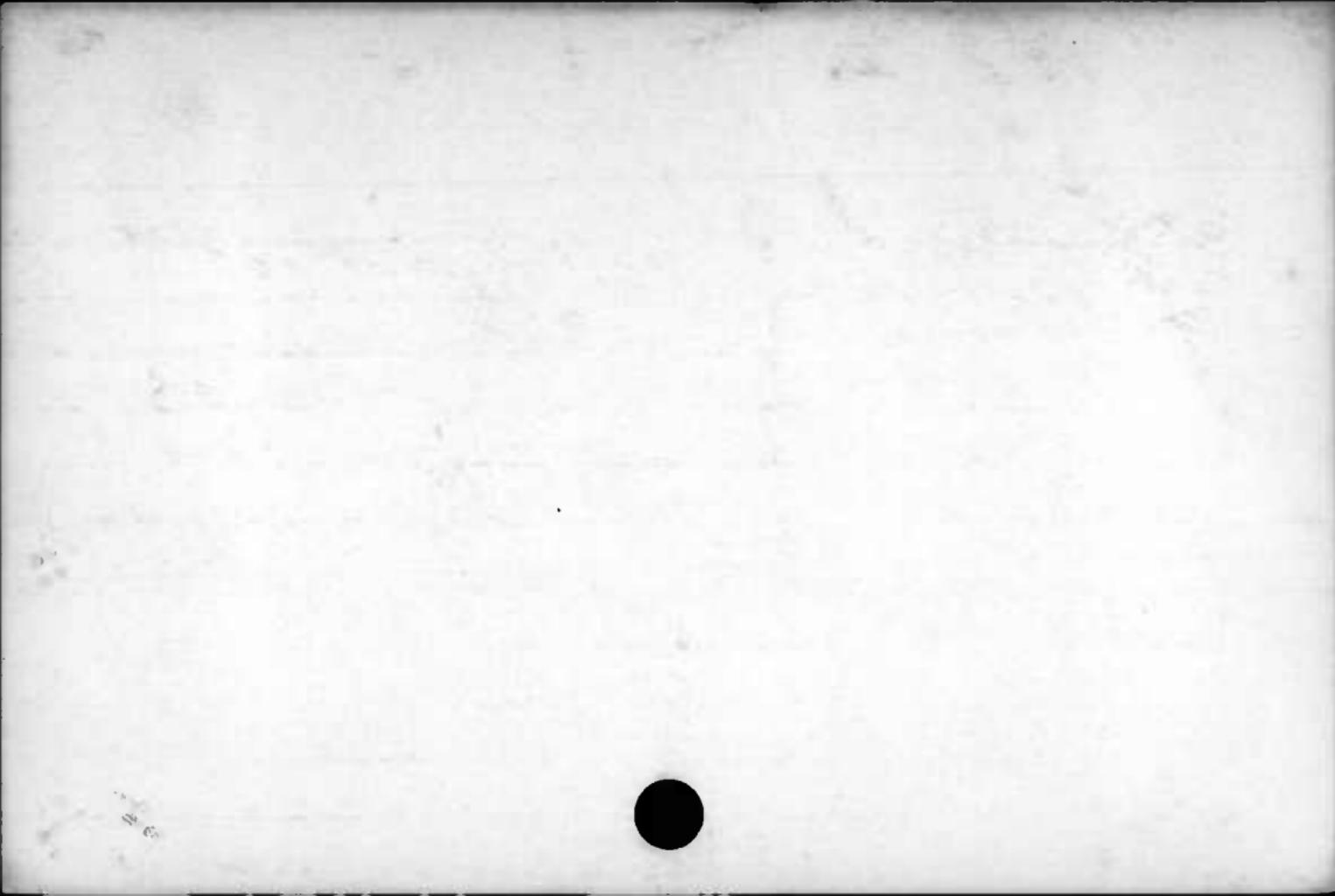
CERTIFICATE OF DEATH

Died at	Town	Millerville	County	MARYLAND		
Date of death 1902	Month	June	Day	Years	Months	Days
Sex	female	Color or Race	Colored	Age	21	
Married, Single or Widowed	Single	Occupation	cook	Birth-place	Millerville	
Name of Wife or Husband				Father's Name	Levi Snowden	
Mother's Maiden Name	Bessie Harrod			Father's Birthplace	Millerville	
Name of person giving information	Martha Hall			Mother's Birthplace	Kenfield	
How related to deceased				none		

CAUSES OF DEATH

Primary	Still Born	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
<input checked="" type="checkbox"/> Martha Hall		Address
Accident or Suicide?	Accident	

J.W. Dubois
Germantown
Md



Name
in
Full

Failia Alice Stallings

CERTIFICATE OF DEATH

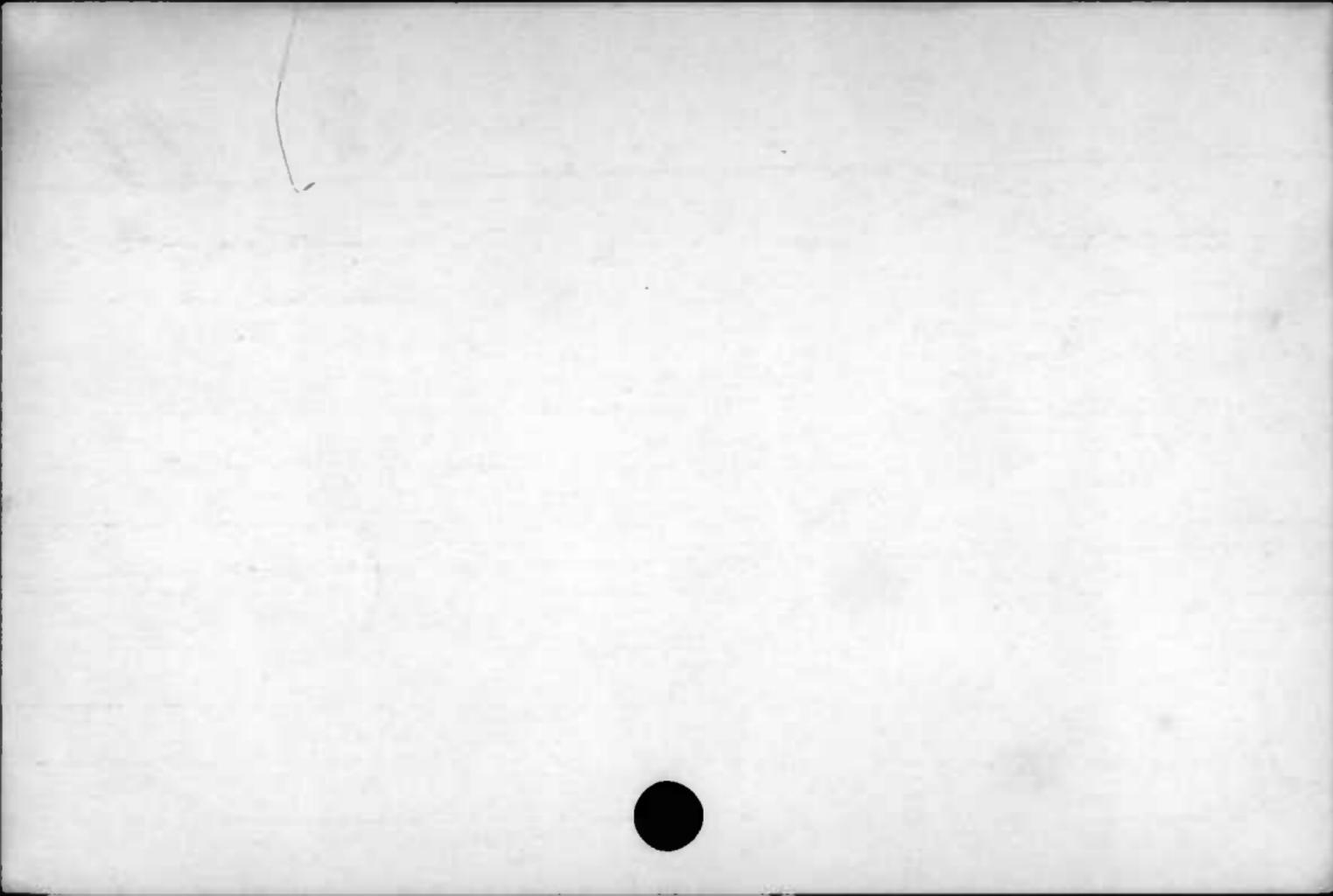
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 1902	Month June	Day 20	Years 1	Age 1	Months 4	Days 14	
Sex Female	Color or Race		White		Birth- place	Elkaton	
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name	Richard Stallings				Father's Birthplace	AAC	
Mother's Maiden Name	Mary Suddet				Mother's Birthplace	AAC	
Name of person giving Information	R F Stallings 105				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cholera Infantum		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Thomas H. Baephaw
		Address	Glen Burnie
Accident or Suicide?			



Name
in
Full

Birdie Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Annapolis	Month June	Day 22 nd	Years 11	Months
Date of death 1902	Age	11 yrs	Days	
Sex Female	Color or Race bl.	Occupation School-Girl	Birth-place	Annapolis
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name Isaac Thomas	Father's Birthplace Annapolis			
Mother's Maiden Name Henrietta Johnson	Mother's Birthplace Annapolis			
Name of person giving information Isaac Thomas	How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

~~Phtisis Pulmonalis~~

How long

~~six months~~

Immediate

~~Exhaustion~~

How long

~~1~~

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

John Ridout, M.D.

Address

Annapolis
Md

Accident or Suicide?



Richard Thomas

Died at	Town Md. House of Correction	County Anne Arundel	MARYLAND
Date 1902	Month 6	Day 25	Y. M. D. 26 - -
Male	White	Age [redacted]	Native of Va
Female	Colored	Single	Occupation Laborer

Husband of [redacted]	Number of children living
-----------------------	---------------------------

Wife [redacted]	Mother's [redacted]
-----------------	---------------------

Father's Name [redacted]	Maiden Name [redacted]
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Cause of Death	Primary Pulmonary Tuberculosis	How long sick Two months
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Death	Immediate Hæmoptysis	Accident, Suicide, Homicide
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Reported by	E.P. Carrico M.D.	✓
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Address	Jesup - Md.	Physician in charge
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		J. McHaffey Correctional
--	--	--------------------------

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.
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Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Glader Torence

CERTIFICATE OF DEATH

Died at Fairfield		Town	A A	County	MARYLAND	
Date of death 1902	Month 6	Day 28	Age	Years	Months 4	Days
Sex Female	Color or Race	Black		Birth-place	Fairfield	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	Arthur Torence			Father's Birthplace	N.C.	
Mother's Maiden Name	Rachel Torence			Mother's Birthplace	N.C.	
Name of person giving Information	Arthur			How related to deceased	Father	

CAUSES OF DEATH

Primary	Cholera Infantum	How long
Immediate	"	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		

Mr. L Hawkins
Brooklyn
Ma

